

ACCESS AND CONFIDENTIALITY/PRIVILEGE AGREEMENT/SCHOOL Administrator

To be signed by school administrators licensed under 16 V.S.A. chapter 5 the majority of whose employed time in a public school, school district, or supervisory union is assigned to developing and managing school curriculum, evaluating and disciplining personnel, or supervising and managing a school system or school program. "Administrator" also means an individual employed by an approved or recognized independent school, the majority of whose assigned time is devoted to those duties.

**To obtain a user name and password, return a signed copy of this form to: Immunization Registry, Vermont Dept of Health, 108 Cherry Street, PO Box 70, Burlington VT 05402.
Questions: call (888) 688-4667.**

STATEMENT TO SCHOOL ADMINISTRATOR

As a school administrator in a school without a school nurse, you are legally required by 18 VSA § 1121(a) to annually confirm that each child wishing to enroll or remain in school has received required immunizations appropriate to age as specified by the Vermont Department of Health (VDH). 18 VSA § 1129(b) provides that childhood immunization registry information may be provided to you.. Registry information must be kept confidential and privileged.

SCHOOL ADMINISTRATOR'S AGREEMENT

As a school administrator entitled to immunization registry information regarding enrolled students I hereby agree as follows:

1. I will access confidential and privileged information only as needed to confirm immunization status and complete immunization reporting for enrolled children.
2. I will only access information I have a need to know for children enrolled in the school I am affiliated with or operate.
3. I will not in any way divulge a copy, release, sell, loan, review, alter or destroy any confidential and privileged information except as properly authorized within the scope of my professional activities as a school administrator.
4. I will not misuse confidential and privileged information or treat such information carelessly.
5. I will safeguard and will not disclose my access code or any other authorization I have that allows me to access confidential and privileged information. I accept responsibility for all activities undertaken using my access code and other authorization.
6. I will report activities by any individual or entity that I suspect may compromise the protection and privacy of confidential and privileged information. Reports made in good faith about suspect activities will be held in confidence to the full extent permitted by law, including the name of the individual reporting the activities.
7. I understand that my obligation under this Agreement will continue after termination of my privileges and access hereafter are subject to periodic review, revision, and if appropriate, renewal.

8. I understand that I have no right or ownership interest in any confidential and privileged information to which I have access. The Department of Health may, at any time, revoke my authorization or access to confidential and privileged information.
9. I will be responsible for my misuse or wrongful disclosure of confidential and privileged information and for my failure to safeguard my access code or other authorization access to confidential and privileged information.
10. I understand that failure to comply with this Agreement may also result in loss of privileges to access confidential and privileged information.
11. I understand that, under 18 VSA § 1001(d), a confidential public health record shall not be:
 - a. Disclosed or discoverable in any civil, criminal, administrative or other proceeding.
 - b. Used to determine issues relating to employment or insurance for any individual.

I also understand that any person who willfully or maliciously discloses the content of any confidential public health record without written authorization or as authorized by law shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$25,000.00 and costs and attorney's fees as determined by the Court.

DATE: _____

School Administrator Signature

Credentials

Administrator Name Printed - First Name, *Middle Initial*, Last Name

School Name

School Mailing Address-Street, Town, Zip Code

School Phone Number

School Administrator Email Address

18 V.S.A. § 1129. Immunization Registry

(a) A health care provider shall report to the Department all data regarding immunizations of adults and of children under 18 years of age within seven days of the immunization, provided that required reporting of immunizations of adults shall commence within one month after the health care provider has established an electronic health records system and data interface pursuant to the e-health standards developed by the Vermont Information Technology Leaders. A health insurer shall report to the Department all data regarding immunizations of adults and of children under 18 years of age at least quarterly. All data required pursuant to this subsection shall be reported in a format required by the Department.

(b) The Department may use the data to create a registry of immunizations. Registry information shall remain confidential and privileged, except as provided in subsections (c) and (d) of this section. Registry information regarding a particular adult shall be provided, upon request, to the adult, the adult's health care provider, and the adult's health insurer. Registry information regarding a particular minor child may be provided, upon request, to school nurses, or in the absence of a nurse on staff, administrators, and upon request and with written parental consent, to licensed day care providers, to document compliance with Vermont immunization laws. Registry information regarding a particular child shall be provided, upon request, to the minor child's parent, or guardian, health insurer, and health care provider, or to the child after the child reaches the age of majority.